

(1) PLACE OF BIRTH  
County of Henry  
Township of Little River

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only  
**56313**

Inc. Town of ..... Registration District No. 2507 Registered No. 164  
(For use of Local Registrar)  
City of ..... (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child, Emi. May Bellamy ..... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth 2 (6) Are Parents Married? No (7) DATE OF BIRTH Apr. 19 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Leuther Bellamy  
(9) PRESENT POSTOFFICE OF FATHER Wamper S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Years)  
(12) BIRTHPLACE Henry Co S.C.  
(13) OCCUPATION Farming  
(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Charlotte Bellamy  
(15) PRESENT POSTOFFICE OF MOTHER Wamper S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)  
(18) BIRTHPLACE Henry Co S.C.  
(19) OCCUPATION Housework  
(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mariak Bryant R.H.S.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife

Wamper S.C.

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed Apr 20 1916 (28) R.H.S. Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.  
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McCaw, of Columbia.